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| APPLICATION NO.                                                      | FILING DATE     | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO |
|----------------------------------------------------------------------|-----------------|----------------------|---------------------|-----------------|
| 10/520,144                                                           | 02/02/2005      | Yusuke Kajita        | 080306.55701US      | 5581            |
| 23911                                                                | 7590 03/08/2006 |                      | EXAM                | INER            |
|                                                                      | & MORING LLP    | LESLIE, MICHAEL S    |                     |                 |
| INTELLECTUAL PROPERTY GROUP P.O. BOX 14300 WASHINGTON, DC 20044-4300 |                 |                      | ART UNIT            | PAPER NUMBER    |
|                                                                      |                 |                      | 3745                |                 |

DATE MAILED: 03/08/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                   | $\epsilon$                                                                                                     |  |  |
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| Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Application No.                                                                                                                                   | Applicant(s)                                                                                                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10/520,144                                                                                                                                        | KAJITA ET AL.                                                                                                  |  |  |
| Office Action Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Examiner                                                                                                                                          | Art Unit                                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Michael Leslie                                                                                                                                    | 3745                                                                                                           |  |  |
| Period f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | The MAILING DATE of this communication a or Reply                                                                                                                                                                                                                                                                                                                                                                               | ppears on the cover sheet wi                                                                                                                      | th the correspondence address                                                                                  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF NORTH                                                                                                                                                                                                                                                                                                                                                                                                                        | DIVIS SET TO EVOIDE 2 M                                                                                                                           | ONTH(S) OD THIDTY (30) DAVS                                                                                    |  |  |
| WHIII - Extended after a | CHEVER IS LONGER, FROM THE MAILING ensions of time may be available under the provisions of 37 CFR r SIX (6) MONTHS from the mailing date of this communication. O period for reply is specified above, the maximum statutory period ure to reply within the set or extended period for reply will, by state reply received by the Office later than three months after the manned patent term adjustment. See 37 CFR 1.704(b). | DATE OF THIS COMMUNION 1.136(a). In no event, however, may a root will apply and will expire SIX (6) MON tute, cause the application to become AB | CATION.  reply be timely filed  ITHS from the mailing date of this communication.  BANDONED (35 U.S.C. § 133). |  |  |
| Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                   |                                                                                                                |  |  |
| 1)[]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Responsive to communication(s) filed on                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                   |                                                                                                                |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | This action is <b>FINAL</b> . 2b)⊠ This action is non-final.                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                   |                                                                                                                |  |  |
| 3)[                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Since this application is in condition for allowance except for formal matters, prosecution as to the merits is                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                   |                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | closed in accordance with the practice unde                                                                                                                                                                                                                                                                                                                                                                                     | r <i>Ex parte Quayl</i> e, 1935 C.D                                                                                                               | . 11, 453 O.G. 213.                                                                                            |  |  |
| Disposit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tion of Claims                                                                                                                                                                                                                                                                                                                                                                                                                  | ·                                                                                                                                                 |                                                                                                                |  |  |
| 4)⊠                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Claim(s) 1-8 is/are pending in the application                                                                                                                                                                                                                                                                                                                                                                                  | ٦.                                                                                                                                                |                                                                                                                |  |  |
| ,_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a) Of the above claim(s) is/are withdrawn from consideration.                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                   |                                                                                                                |  |  |
| 5)[                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Claim(s) is/are allowed.                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                   |                                                                                                                |  |  |
| 6)⊠                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Claim(s) 1-3 is/are rejected.                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                   |                                                                                                                |  |  |
| 7)🖂                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Claim(s) <u>4-8</u> is/are objected to.                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                   |                                                                                                                |  |  |
| 8)[                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Claim(s) are subject to restriction and                                                                                                                                                                                                                                                                                                                                                                                         | l/or election requirement.                                                                                                                        |                                                                                                                |  |  |
| Applicat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tion Papers                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                   |                                                                                                                |  |  |
| 9)⊠                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The specification is objected to by the Exami                                                                                                                                                                                                                                                                                                                                                                                   | ner.                                                                                                                                              |                                                                                                                |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The drawing(s) filed on <u>03 January 2005</u> is/a                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                   | bjected to by the Examiner.                                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Applicant may not request that any objection to the                                                                                                                                                                                                                                                                                                                                                                             | ne drawing(s) be held in abeyan                                                                                                                   | ice. See 37 CFR 1.85(a).                                                                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Replacement drawing sheet(s) including the corre                                                                                                                                                                                                                                                                                                                                                                                | ection is required if the drawing                                                                                                                 | (s) is objected to. See 37 CFR 1.121(d).                                                                       |  |  |
| 11)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The oath or declaration is objected to by the                                                                                                                                                                                                                                                                                                                                                                                   | Examiner. Note the attached                                                                                                                       | I Office Action or form PTO-152.                                                                               |  |  |
| Priority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | under 35 U.S.C. § 119                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                   |                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Acknowledgment is made of a claim for foreign                                                                                                                                                                                                                                                                                                                                                                                   | gn priority under 35 U.S.C. §                                                                                                                     | 119(a)-(d) or (f).                                                                                             |  |  |
| a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | All b) Some * c) None of:                                                                                                                                                                                                                                                                                                                                                                                                       | into have been received                                                                                                                           |                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ol> <li>Certified copies of the priority documents have been received.</li> <li>Certified copies of the priority documents have been received in Application No</li> </ol>                                                                                                                                                                                                                                                     |                                                                                                                                                   |                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. ☐ Copies of the certified copies of the pr                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                   |                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | application from the International Bure                                                                                                                                                                                                                                                                                                                                                                                         | •                                                                                                                                                 | Toolived III tille Hatterian etage                                                                             |  |  |
| * ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | See the attached detailed Office action for a li                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   | received.                                                                                                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                 | ·                                                                                                                                                 |                                                                                                                |  |  |
| Attachmer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | • •                                                                                                                                                                                                                                                                                                                                                                                                                             | _                                                                                                                                                 |                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ce of References Cited (PTO-892) ce of Draftsperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                   | Summary (PTO-413)<br>s)/Mail Date                                                                              |  |  |
| 3) 🔯 Infor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ce of Draftsperson's Patent Drawing Review (P10-948) mation Disclosure Statement(s) (PTO-1449 or PTO/SB/0 er No(s)/Mail Date 1/2005.                                                                                                                                                                                                                                                                                            |                                                                                                                                                   | nformal Patent Application (PTO-152)                                                                           |  |  |

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**DETAILED ACTION** 

**Drawings** 

Figures 4, 6, 7, and 8 should be designated by a legend such as -- Prior Art-- because only

that which is old is illustrated. See MPEP § 608.02(g). Corrected drawings in compliance with

37 CFR 1.121(d) are required in reply to the Office action to avoid abandonment of the

application. The replacement sheet(s) should be labeled "Replacement Sheet" in the page header

(as per 37 CFR 1.84(c)) so as not to obstruct any portion of the drawing figures. If the changes

are not accepted by the examiner, the applicant will be notified and informed of any required

corrective action in the next Office action. The objection to the drawings will not be held in

abeyance.

Specification

The abstract of the disclosure is objected to because it exceeds the limit of 150 words.

Correction is required. See MPEP § 608.01(b).

Claim Objections

Claims 6 and 7 are objected to because of the following informalities:

Claim 6, Line 7, "a communication" should be --said communication--,

Claim 7, Line 8, "a communication" should be --said communication--.

Appropriate correction is required.

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Claims 6 and 7 are objected to under 37 CFR 1.75(c) as being in improper form because a multiple dependent claim must Refer to a Preceding Claim. See MPEP § 608.01(n). Accordingly, the claims have not been further treated on the merits.

## Claim Rejections - 35 USC § 102

The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless -

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

Claims 1-3 are rejected under 35 U.S.C. 102(b) as being anticipated by Casey et al (5797310).

Casey et al discloses a hydraulic unit for a construction machine having a main hydraulic pump (21), first (17) and second (19) hydraulic cylinders each having a rod chamber and a bottom chamber, first (23) and second (25) directional control valves for controlling the respective first and second cylinders, a first (not shown) and second (not shown) control devices for controlling switching of the respective first and second control valves, and a communication control connecting the rod chamber of the first cylinder and the bottom chamber of the second cylinder when a pressure in the rod chamber of the first hydraulic cylinder has risen to a high pressure of at least a predetermined pressure. Wherein the communication control includes a communication line (71, 81, E) capable of bringing the rod chamber of the first hydraulic cylinder and the bottom chamber of the second hydraulic cylinder into communication with each other, a reverse-flow prevention device (45) arranged on the communication line to inhibit

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pressure oil from flowing from the bottom chamber of the second hydraulic cylinder toward the

rod chamber of the first hydraulic cylinder, and a switching valve (41) for shutting off the

communication line when the pressure in the rod chamber of the first hydraulic cylinder is lower

than the predetermined pressure but maintaining the communication line in a communicating

state when the pressure in the rod chamber of the first hydraulic cylinder has risen to at least the

predetermined pressure, and the switching valve includes a variable restriction element (83) a

degree of restriction of which varies in accordance with said pressure in said rod chamber of said

hydraulic cylinder.

Allowable Subject Matter

Claims 4, 5, and 8 are objected to as being dependent upon a rejected base claim, but

would be allowable if rewritten in independent form including all of the limitations of the base

claim and any intervening claims.

**Prior Art** 

The prior art made of record and not relied upon is considered pertinent to applicant's

disclosure. U.S. Patents 6898932, 6389953, and 5669282 each disclose a hydraulic drive unit

with fluidly connected cylinder chambers.

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Conclusion

Any inquiry concerning this communication or earlier communications from the

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examiner should be directed to Michael Leslie whose telephone number is (571) 272-4819. The

examiner can normally be reached on M-F 8:00am - 4:30pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Edward Look can be reached on (571) 272-4820. The fax phone number for the

organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent

Application Information Retrieval (PAIR) system. Status information for published applications

may be obtained from either Private PAIR or Public PAIR. Status information for unpublished

applications is available through Private PAIR only. For more information about the PAIR

system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR

system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

ML

March 3, 2006

Michael Leslie

Patent Examiner

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